

# STATE OF ALASKA

## DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES DIVISION OF MEASUREMENT STANDARDS & COMMERCIAL VEHICLE ENFORCEMENT

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Dan Breeden, DIRECTOR

*Copy of Drivers License or Business License required with application*

**PRINT CLEARLY**

Name: (Individual/Business) EIN/SSN \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

US DOT # \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
CREDIT REFERENCES: AT LEAST THREE, PREFERABLY LOCAL

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT OPEN DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT OPEN DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT OPEN DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**OFFICE USE ONLY:** \*\*\*\*\*

CONTACT MADE BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

APPROVED/DISAPPROVED BY: \_\_\_\_\_

**Please sign and complete the application in full unless you send a separate sheet for credit references.**